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NCNEWS-REQUEST

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*Use these icons on each page
to find the NC milSuite site or
email the NC News team!*



Nurse Corps News

Volume 12, Issue 2

March/April 2018

"Am I Ready?"



Recently the Nurse Corps (NC) office received the following question: "Has there ever been any assignment - whether a billet or a short tasker you were asked to complete - for which you felt radically unqualified? If so, how did you handle/overcome it?"

An individual's career is often filled with decision points and times when you doubt you are ready to take on that next role or assignment. Like most, I've had several of these occasions in my career.

The first occasion that comes to mind was at my first duty station, Naval Hospital San Diego. After working on the postpartum unit and then the complicated obstetrics unit, my Department Head informed me that I was being transferred to the ICU. Well that was the last place I wanted to go, I wasn't sure I was cut out for that unit and wasn't sure if I could provide that intensity of care. Fortunately, my supervisor saw something in me that I didn't and she moved me despite my hesitation. I was petrified and unsure if I could I really handle all those pumps, patients on ventilators, and chaos of the unit. I won't tell you the transition was easy, because it was not, but I found my footing and ultimately enjoyed the experience and the specialty. I asked questions, listened to what others had to teach me, and pushed myself to stay on the game. That experience helped me grow as a nurse, an officer and an individual, all the while increasing my confidence. That move and the experience I gained from working in the ICU lay the foundation for many jobs to follow and have led me to the career I have today. I didn't know it at the time of course, and while I wasn't happy initially, I am so grateful for the Department Head who "pushed" me out of my comfort zone.

There were several jobs along the way, when I would ask myself if I was ready and the right person for the upcoming job. In 2009, I had just made O6 and was finishing the first year of a three-year tour as an Officer in Charge, when the Deputy of the NC called me and asked me to go to U.S. Fleet Forces Command. Despite my critical care and ship-board experience, I was again hesitant and wondered if I was really the best person for the job. There had never been a Navy Nurse at Fleet Forces Command, what was I going to be doing? Many of my colleagues suggested I turn it down and while I may have been scared, something told me this was a unique opportuni-



Tina Davidson, RDML, NC, USN

Director, Navy Nurse Corps

ty that I shouldn't pass up. The Director of the NC at the time was counting on me and I didn't see any good reason to say no. With no turnover, I had to figure this out for myself, so I started pulling the medical manuals for the ships. I noticed there were areas that needed updating, opportunities for standardization across the Fleet and little by little it all started falling into place. I was a leader and seasoned nurse with much to contribute even though it may have not always been received as easily as I would have liked.

Once again I was so grateful for that opportunity and experience. I learned so much. While it started off a little slow, I took it one step at a time and did well, and opened that door for other nurses to follow. I am happy to say we still have a Navy Nurse at U.S. Fleet Forces Command. As I think about it, I was not sure I was ready for one of the most pivotal and exciting roles over my career, but others saw something in me that I may not have seen in myself. Today I am asked to be a pivotal part of things that I can't believe I'm doing!

Here is my tip to you. Think hard before turning down a job or saying no. You are not growing and learning unless you are stretching yourself into unfamiliar territory. It can be very unsettling, but it is well worth the discomfort. As a Navy Nurse, you develop your clinical and leadership skills every step of the way, so you are already leaders and experienced critical thinkers.

Cont. on page 2

Reserve Corner: Transformational Leadership



Mary Riggs, RDML, NC
Deputy Director,
Reserve Component

Our relevance to military medicine is our transformational leadership at the bedside, within the enterprise, and in our joint and global communities. Evolving into military and clinical leaders is a lifelong journey and one that is supported by our mentors, peers, and military leadership symposiums and courses. In February, the Nurse Corps Office hosted the Specialty Leader (SL) Symposium where both AC and RC SL met for three days (*see page 4 for the full story!*). The spirit of innovation, collabora-

tion, and sincere and astute advocacy for each clinical specialty community was witnessed. The Specialty Leaders are the clinical executives who exhibit transformational leadership in all settings.

As a speaker at the SL Symposium, Vice Admiral Faison, the Surgeon General (SG), highlighted his expectations for members in military medicine:

- a) Being worthy of the trust placed in our hands,
- b) Being worthy of wearing the uniform, and
- c) Being worthy of the privilege of leadership.

Our Specialty Leaders are worthy of the trust that we as a NC community place in them as they guide the clinical strategies to care for our warfighters and promote a clinically prepared community to be ready for any challenge. They are the clinical leaders that make clinical readiness the reality and our relevance to the warfighter.

More importantly, our SL implement the model of care defined by the SG: there are three things that save lives; 1) training, 2) clinical experience, and 3) confidence. Our SLs guide their

community in setting standards and maintaining clinical currency, which translates to our members being confident to serve in any setting. I encourage you to reach out to your specialty leader and get to know s/he so you are ready to practice your clinical skill in any setting.

If you have received orders for an individual augmentation assignment, immediately reach out to the RC SL for Operational Nursing, **CDR J. Weimann**, as well as the SL for your Subspecialty Code (SSC) ([find yours here!](#)). I want to give shout outs to each of our RC SLs and assistant SLs who work across our NC enterprise to prepare us to be confident and worthy care providers for our warfighters.~

Reserve Component: The [Navy Nurse Corps milSuite site](#) is meant for you, too! But did you know there's a milSuite page built with you in mind? Find information on Reserve-specific education opportunities and career management. Click on any of the Naval Reserve icons throughout the News to check it out!

**NAVAL
RESERVE**
STAY STRONG

“Are You Ready?” (cont.)

Don't be afraid to put your name in the hat for new experiences, even if you think you're “not completely ready;” you may be more ready than you think! Ask questions, study the literature, instructions, and policies where available, listen and learn from others. Talk to your mentors and

those who have gone before you; they can give you a sanity check if needed and help you prepare for new and exciting opportunities.

This was a great question, and I thank you for asking it. Please keep the questions coming! You can submit questions to the NC

office or to me [via the Newsletter email](#). We will do our best to answer them all, and maybe your question can be featured in the next Newsletter!~



Sage Advice from the Administrative Fellow



Melissa Troncoso, CDR, NC

Nurse Corps Administrative Fellow

Serving as the Navy Nurse Corps (NC) Administrative Fellow has been a rewarding and transformational experience. Since this will be my last article as the NC Fellow, I thought it apropos to share pearls of wisdom that I have acquired during my tenure.

I am frequently asked, "So, what is it like working at BUMED?" Well, it is like no assignment I have ever had, and yet, it is like every other assignment. Learn your job, build and leverage relationships, take care of those you serve, and pursue excellence in every assignment. I had a steep learning curve regarding staffing, administration, executive communication, technology, and strategic planning. It was imperative that I asked questions and sought help regularly. Every obstacle was a learning opportunity and eventually served to make me an excellent resource, earning me the endearing titles of "NC Concierge" and "Keeper of All Things."

Know your "why" and live

every day with intention. Work as though what you do matters, because it does. I entered this role with an ambiguous position description which was unsettling for a Type A, highly structured, and linear thinker, such as myself. Nevertheless, I squelched my angst and enthusiastically jumped into the task of improving NC communication and leaving it better than I found it. While successful communication is always a work in progress, I believe we have made tremendous strides in how we share and receive information within our Corps.

You are a transformational leader. You do not have to be a senior officer or have a title to transform your environment and lead well. Leverage your strengths and passions in the work you do every day, and you will make a lasting difference in the lives of your patients and coworkers. Leadership is the ability to influence people to meet the mission. I highly recommend the book, *360-Degree Leader* by John Maxwell for Junior and Mid-Level Officers. It is an excellent reminder of how we can positively impact our peers, those directly reporting to us, and our leaders.

This is your Navy NC and your voice matters. Communicate horizontally and vertically. Just as we want timely and relevant information from our leaders, our leaders want to hear our challenges, successes, concerns, and innovative ideas. Use the communication channels within your chain of command, NC Newsletter, and milSuite. Share the information that you

gather while serving on working groups or attending training sessions.

Finally, take care of your star player, YOU! By no means, am I implying that you be self-indulgent to the detriment of others. After all, nursing is a serving profession and being a naval officer involves taking care of the ship and our shipmates. Taking care of you means actively engaging in self-care, taking time to recharge your battery and reflect on a regular basis. It also means creating margin by saying "no" so that you can say "yes" to the right opportunities that align with your values. Lastly, taking care of your star player means fueling your body with real food, adopting an active lifestyle, and getting adequate rest. Life is a journey, and we are not always able to be 100% every day. But, we should not allow what we cannot do to keep us from doing what we can. Maybe you do not have an hour to workout, but do you have 10 minutes to "get moving." I heard it said, "You will die with something in your inbox." In other words, there will always be one more task, make sure your health and wellness are on your "to do" list. Making your health and wellness a priority keeps you in the fight and ALWAYS READY!

It has truly been a pleasure to serve as your Administrative Fellow and Liaison. I am impressed and inspired by the work Navy nurses do every day. Thank you for all that you do.~



2018 Navy Nurse Corps Specialty Leader Symposium

Carol Hurley, CAPT, NC
Policy & Practice, NC

The Office of the Navy Nurse Corps hosted a Specialty Leader Symposium, 6-8 February 2018, at the Defense Health Headquarters in Falls Church, Virginia. The purpose was to bring together the Navy Nurse Corps Primary and Assistant Specialty Leaders from both the Active and Reserve Corps, along with members of the Senior Nurse Corps Leadership team, to provide orientation, updates and strategic information – all of which are critical in carrying out the Specialty Leader role. The event was well-attended and received rave reviews.

Over 60 participants gathered from around the globe, including 25 Reserve Corps Specialty Leaders and 27 Active Corps Specialty Leaders. Also in attendance were six Nurse Interns who were selected for the important role of providing administrative and logistical support for the symposium. The venue provided an excellent opportunity for

the junior Nurse Corps officers to get a firsthand look at the Specialty Leader role and to network with senior Nurse Corps Leaders.

The symposium afforded the opportunity for participants to hear engaging strategic level briefs from some of the top Navy Medicine and Nurse Corps leaders, including **VADM C. Forrest Faison III**, Surgeon General and Chief, Bureau of Medicine and Surgery; **FMCHM Hosea Smith**, Force Master Chief and Director, Hospital Corps; **RDML Tina Davidson**, Nurse Corps Director; **RDML Mary Riggs**, Deputy Director, Navy Nurse Corps Reserve Component; and **CAPT Deborah Roy**, Deputy Director, Navy Nurse Corps.

If you are not already knowledgeable about the role of a Navy Medicine Specialty Leader, it is an exceptionally important and challenging position. Specialty Leaders receive direction from and report to Chief, Bureau of Medicine and Surgery (BUMED) via their respective Corps Chief and are governed by [BUMED](#)

[INSTRUCTION 5420.12E](#). They serve in a multi-faceted role as Subject Matter Experts, serve as partners with sister services, federal agencies, and civilian enterprises, as well as assist with medico-legal reviews. In addition, they disseminate policy and guidance, make recommendations for accession and performance standards, specialty-specific programs, and training opportunities and requirements, among a multitude of other functions.

Serving as a Specialty Leader for one of 16 Nurse Corps Communities is a very significant and demanding commitment. The symposium provided an ideal venue for face-to-face networking and sharing of best practices. Participants unanimously concluded that one of the biggest benefits of the symposium was to “put names and faces together” and converse with colleagues to share initiatives, challenges and best practices – an invaluable opportunity.~

See Nurse Intern perspectives on page 5.



VADM Faison, RDML Davidson, Force Master Chief Smith, and Nurse Corps officers (M00C3 and Specialty Leaders); 08 February 2018; Defense Health Headquarters (Photo taken by: LT Seywerd/Released).

2018 Navy Nurse Corps Specialty Leader Symposium (cont.)

Perspectives and Lessons Learned from the Nurse Interns

“The Specialty Leader Symposium reminded me of the NC’s FIRST mission, operational readiness, and afforded me the opportunity to witness our senior NC leaders advancing the organization through vision, planning, and shared-decision making. After attending, I felt our leaders truly have our best interest; I was empowered to challenge myself as a leader”.

“I greatly learned the variety of options that I have while being a Navy Nurse. I have also learned a great deal about the Reserve Component, and that RC is always an option to look into. Being a part of this has made me step outside my comfort zone, and to get some great face-to-face interaction with many great, knowledgeable leaders in the Navy”.

“It was interesting to hear about the difficulties and successes in each specialty, and I learned that both persistence and patience are needed when preparing to meet current and future missions. I especially enjoyed interacting with the Reserve Component during a re-designation board, because Active Duty members don’t always get a chance to hear about

the status of the RC. I truly appreciate the advice and career guidance that I received from everyone”.

“The Specialty Leader Symposium was an outstanding experience. I was able to learn not only what my own community is currently working on, but how each community is operating along with other communities to meet the operational goals of both the Nurse Corps and the Navy’s overall mission goals”.

“I am grateful for the opportunity to attend the Specialty Leader Symposium. Thanks to **CAPT Hurley, CAPT Smith** and **CDR Troncoso** for providing us mentorship during our internship. Being a prior civilian nurse, I have not come across an event that brought specialty leaders together in such a collaborative environment. This provided a great opportunity to break silos due to our variety of duty stations. I enjoyed learning about challenges that each specialty leader is facing and what actions they have taken to overcome those challenges. This



LTJG Curran, RDML Davidson, LT Chandy, LCDR Reyna, LCDR Nicoletti, LT Stewart, LTJG Martin; 08 February 2018; Specialty Leaders Symposium; Defense Health Headquarters (Photo taken by: LCDR Melissa Troncoso/Released)

event was an excellent networking opportunity to share best practices and lessons learned across the organization. As a Nursing Assignment Officer, I interface with the leadership of many Directorates in the hospital about staffing. I also track data that identifies personnel needs, and I align that with officers’ future specialty wish list. In order to help with the critical shortages in the specialty areas of the organization, my goal is to align each officer’s future career interests to the specialty shortage areas. I believe that if I can facilitate and mentor officers in finding a specialty that they are passionate about, that will in turn increase retention in the organization”.



Transformational Leadership

We are called to be actionable leaders for the betterment of nursing practice, at every level, while demonstrating the utmost respect for those whom we are appointed to lead.

Navy Nurse Professional Practice Model, Chapter 4

Transformational leadership is learned over time and throughout a career through educational offerings, role-based experiences, on-the-job training, timely mentoring, and personal reflection. Although the majority of this chapter focuses on military leadership, all military and civilian members of the Nurse Corps team are leaders and all contribute to organizational success. To be a relevant force for Navy Medicine, the Nurse Corps needs a variety of leaders with subject matter expertise within the clinical, administration, education, research, and operational realms.

Each issue, we are highlighting a different tenet of the Professional Practice Model and its corresponding chapter on milSuite. Find out how you can be a Transformational Leader!

PERS: The Detailing Process

Iris Boehnke, CAPT, NC

PERS Head, Nurse Corps Assignments

Ever feel frustrated with the detailing process? Ever wonder why you were told a duty station was not available and then a friend received the orders you wanted? Why doesn't the detailer post every single billet? Why are officers detailed differently than enlisted? Let's take a look at transparency and the detailing process.

The detailing team works diligently to provide you with the best detailing experience possible. Detailing is a very dynamic process where both the needs of the Navy and that of the individual are taken into consideration. The art of detailing includes finding a balance where the following areas are met. As you may recall from a previous article, this balance is often referred to as the Detailing Triangle or Triad:

- 1. Manning to support the needs of Navy Medicine**
- 2. Professional career needs that support continued success/progression towards rank**
- 3. Personal requests (family, location, etc.)**

Due to the dynamic nature of the process, it is imperative that one person's detailing experience not be compared with that of another for the primary reason that each individual will have different career and personal needs. For example, if one officer has already been stationed OCONUS while the other has not, the detailing experience will differ as the latter officer will be offered OCONUS options as that is what is needed for continued career progression. Another way to look at this is that there are "hard to fill billets" (such as OCONUS, Operational, isolated CONUS commands), and "easy to fill billets" (such as CONUS commands in highly desired geographic areas such as Southern California and Washington DC). Someone has to go to the "hard to fill" locations—but only for a period of time—and then someone else has to do it. If you are lucky enough to be in an "easy to fill billet", be prepared to move on so those in the "hard to fill locations" are afforded this same opportunity. Other limiting factors such as the exceptional family member program, OCONUS screening ability and co-location for our married dual active duty couples are additional examples as to how detailing experiences will differ.

In comparison to the enlisted side, the officer side does not use a computer based system. Officer detailing includes a personalized experience that is centered on the Detailing Triangle and selecting an option that suits needs all around. MilSuite is the primary tool used to advertise any upcoming opportunities to include overseas hot fills, operational assignments and priority fills for CONUS assignments. Due to the dynamic nature of detailing, it is simply not possible to list every single available billet as it often changes on a daily basis. It would also serve no purpose as just because a billet is open does not mean that it is a high priority fill for the detailer. For example, if there are open billets in a Medical Battalion, Yokosuka, and San Diego, the detailer will not offer San Diego until the operational and OCONUS billet are filled. When the time comes to call for orders (9-12 months out from your PRD), your detailer will discuss your professional goals and personal needs and match them to what assignments are available at the time of your PRD. Remember that your detailer is here to discuss more than just orders, we are available for record reviews, career counseling and board preparation. We truly do want to see you have both a professionally and personally rewarding career.

Have questions or concerns? Don't hesitate to call, email, or visit the NPC Website and Detailer Corner of milSuite at <https://www.milsuite.mil/book/groups/navy-nurse-corps-detailer-corner> ~

Served in Vietnam or know someone who did?

~Submitted by: Ellen Komarek Duvall

The 3rd Marine Division Association is having its annual reunion **September 10-16, 2018** and is looking for any nurses who served in Vietnam at sea or on land, in any Vietnam location.

You are invited to join us at our banquet on Saturday evening, September 15 at the Hotel Elegante in Colorado Springs.

More information can be found at www.caltrap.org. The first 10 nurses to sign up will have their meal paid for by Ron Deverick. If you are interested in attending the banquet and being recognized for your service to the Marines, we would love to have you attend. There is no registration fee if only attending the banquet.

Please contact Ron Deverick by email usmcarty312@aol.com

Trust Your Instincts, and DOCUMENT!

Carol Hurley, CAPT, NC

Policy & Practice, NC

Lessons Learned from Navy NC Professional Case Review Panels

Per Department of Defense (DoD) regulations and Congressional mandate, DoD requires a review of all paid tort claims and Active Duty Death/Disability cases where medical care is in question. DoD entities make standard of care (SOC) determinations and report only when a breach occurs. One of the responsibilities of the BUMED Navy Nurse Corps Policy and Practice Officer is to coordinate Nurse Corps Professional Case Review Panels (PCRP) to review all tort claims and Active Duty Death/Disability cases where nursing care was involved. The PCRP is comprised of at least three senior NC officers. After thorough review of documentation and discussion of the case, the panel makes a determination as to whether the involved nurse(s) met the SOC. The PCRP recommendation is forwarded to the Director of the NC who in turn utilizes the PCRP findings to formulate her recommendation to the Surgeon General (SG). The SG is the deciding authority for reporting providers to the National Practitioner Data Bank

(NPDB).

The NPDB is a confidential information clearinghouse and collects information on adverse licensure, hospital privilege, and professional society actions against providers related to quality of care and tracks malpractice payments made for all health care practitioners.

BUMED reviews approximately 25 paid cases per year involving roughly 90 providers. The SOC review process includes the care provided by all health care team members involved in the event. If one took care of a patient anytime during the course of care, one's practice will be reviewed and a SOC determination will be made.

Once the NC Policy and Practice Officer receives the case file from BUMED Risk Management, he/she will identify a PCRP to review the case. The cases are often several years old so documentation is critical in determining what transpired.

The NC reviewers find that documentation is the number one challenge. The lack of documentation of key critical assessments provides great challenges when reviewing these cases and making a determination as to whether a nurse has met SOC. Insufficient documentation that contributed to the event or patient harm can result

in a report to the NPDB. Often it comes down to the old adage "If it wasn't documented, it wasn't done." It is heart-breaking to recommend a fellow nurse be reported to the NPDB!

Remember that the Corps Chief's Office is available to assist!

We strongly recommend the following: **(1) know the SOC, (2) provide that care, and (3) document the care.** When addressing documentation in written or electronic format, be sensitive to nurse flow charts and filling in the blanks on all templates. Sharing professional observations and experiences with fellow nurses will go a long way to mentoring and identifying key areas of concern. ~

What can one do to make sure that the best possible care is provided, the best choices are made, and all pertinent information is documented?

*Make the time to document observations made and care provided. It may mean staying late to catch up on charting, but one's license and career may depend on it.

*Trust your instincts and ask for help. If unsettled by a patient's condition or course of care, communicate to others who can address the concern (practice concept of timeout, huddles, SBAR), and document collaboration with doctors, residents, supervisors and the patient's family.

*Establish a mechanism for orientation and training on patient care equipment.

*Look for opportunities where new policy/procedures are required to address gaps and inconsistencies in existing policy and practice and take action.

*Review, evaluate, and revise pre-operative questionnaires and patient discharge materials.

*Do not be lulled into complacency. Assume that something is wrong and prove that there isn't.

*Know the standard of care. And provide it.

Navy Nurse Corps Panel Findings related to lack of documentation include the following:

- *Incomplete or missing assessments and follow-up (notes not co-signed/finalized within 72 hours)
- *Care provided not documented (e.g. details of tasks, time of observations, etc.)
- *Code resuscitation reporting and documentation incomplete, absent or conflicting
- *Lack of documentation pertaining to communication with patient providers, team members (e.g. concerns raised and acknowledged, critical thinking decisions and actions)

Specialty Leader Update: Ambulatory Care (690)



Mary Phillips, CDR

Ambulatory Care Specialty Leader

Good day, Nursing Leaders!

I often get asked by junior nurses about what it is like to work in a clinic. “Clinic is an admin job that will get me promoted” is a statement not new to me, and it does not offend me. It gives me the opportunity to tell them about skills they can develop and the amazing work that happens in our field of nursing.

An assignment to work in an ambulatory care clinic from one of our inpatient core areas requires a shift in nursing clinical and administrative skills. Ambulatory care nurses “function in a multidisciplinary, collaborative practice environment, where they utilize critical thinking skills to interpret complex information and guide patients and families to health and well-being” (American Academy of Ambulatory Care Nursing, 2010).

The military ambulatory care nurse is required to wear multiple hats for his/her primary duties. Duties may include but are not

limited to direct clinical support, patient educator, tele-health nurse, triage nurse, patient care coordinator, population health nurse, disease manager, training officer, clinic manager, and/or may include military leadership positions like Department Head, Senior Nurse, or Director. The clinic nurse is a member of a healthcare team that may manage over 1,000 enrolled patients per provider or a specialty care team.

How does one learn all those roles? A combination of formal classes, in person or online, a good orientation, mentorship, and continued on-the-job training begins a successful career in the ambulatory care setting. It is imperative to become competent in your role as a clinic nurse while becoming proficient as a clinic leader and/or manager.

Experience in the outpatient arena promotes transformational leadership in Nurse Corps Officers. In the roles they fill, clinic nurses are clinical leaders, change agents, out-of-the-box thinkers, problem-solvers, and resource experts. They develop and enhance skills in motivating and inspiring the team to accomplish the mission while maintaining a positive command climate. These confident leaders also gain a better understanding of readiness requirements, patient and family-centered care and the business of Navy Medicine. Clinical nurses then carry what they have gained in their specific clinics to the rest of Navy Medicine when they PCS, rotate to another department, participate in strategic goal groups or become instructors for local or Navy-wide clinic management

courses.

To gain the 690 AQD, a clinic nurse must have two years of experience in any Medical Homes and national certification in Ambulatory Care Nursing.

Kudos to our newest certified ambulatory care nurses: **LT Liza Stone** (USNH Yokosuka), **LT Angelica Fink** (NH Camp Pendleton), **LT Jessica Schmidt** (NMC Camp Lejeune), **LT Julius Rivers** (Role II Medical Task Force AFG), **LT Nita Flores** (USNH Naples), and **LTJG Milton White** (NMC San Diego).

Bravo Zulu to **LT Keith West** (USNH Yokosuka) for being selected for the American Nurses Credentialing Center’s (ANCC) Board Certified Nurse Award in Ambulatory Care Nursing! See the write up on page 18.

I am honored to lead this specialty and if there is anything I can do for you, please do not hesitate to contact me directly via email or [join us on milsuite](#): ~

The Transitional Leadership Navy Nurse Corps FY-18 Strategic Initiative team is soliciting your assistance. The Navy Nurse Corps Innovation Board is a multi-disciplinary platform created to solicit innovative, evidence-based best practice proposals and recommendations directed at issues such as effective communication, preventable medical errors, and variations in care, complexity in delivery systems, improved outcomes and cost savings. This Interdisciplinary Board welcomes ideas, suggestions and proposals from all members at every level of Navy Healthcare. Member proposals may be drawn from current civilian healthcare practice, civilian health care policy and procedure or from literature reviews. Members can submit their observations and recommendations via this [user-friendly application found on milSuite](#).

Specialty Leader Update: Public Health Nursing (1940)



Carolyn Currie, CAPT, NC

1940 Specialty Leader

Timothy Whiting, LCDR, NC

Assistant Specialty Leader

As the Public Health Nursing/1940 Specialty Leader, I am frequently asked, "So what does a Public Health Nurse (PHN) do?" My first response is always, we are a small but mighty specialty. Only 19 members strong, PHNs pack a big punch when it comes to impact on Warfighter Readiness and Cooperative Health Engagements around the globe!

What We Are Doing

Over the past several years the Fleet has recognized our value to the Navy Mission and has increased demand for PHNs with escalating responsibility to provide subject matter expertise and transformational leadership to the global health mission. PHNs are leading the charge for sustainable medical impact around the globe by partnering with host nation officials, partner nations, Army and Air Force colleagues, and other governmental and non-

governmental agencies to ensure the security of our nation through health activities abroad.

To list a few, **LCDR Tracy Krauss** applied her PH expertise as the infection control and discharge planning nurse for the hurricane relief effort in Puerto Rico aboard USNS COMFORT last summer. Currently, 5 PHNs are deployed in support of the Continuing Promise (CP) and Pacific Partnership (PP) 2018 Missions. **LCDR Tim Whiting** is the lead planner for 2 countries on PP18; **CDR Susan Mojica** is the nursing lead for 2 countries; and **LCDR Molly Cook** is serving as the lead for all medical activities aboard the USS FALL RIVER, the grey hull-based portion of PP18. **CDR Misty Scheel** and **LCDR Amy Zaycek** are supporting CP18. These seasoned PHNs are applying their expertise and leadership to train and guide all levels of health personnel through the provision of care in humanitarian settings while they forge and maintain partnerships across the globe.

At home, PHNs are having a major impact on the readiness of soldiers, sailors and Marines. **LCDR Molly Cook** is embedded into a Marine-Centered Medical Home focused on the health and wellness of 3rd Marine Air Wing members, keeping them medically and dentally ready. She embodies the tenants of transformational leadership as she works side by side with Fleet Marine Force Corpsmen to ensure they are ready to assume their role in the field.

The Periodic Health Assessment (PHA) was transformed into an electronic version this year.

PHNs in medical facilities across the enterprise were critical to the successful transition of the improved readiness tool. They guided health care providers and corpsman through the new process and troubleshoot challenges to ensure efficiency with no interruption in ensuring a ready fighting force.

What We Can Do

Public Health is one of the most broad and versatile specialties in the field of nursing. PHN expertise includes but is not limited to: health service administration; epidemiology; health policy; program development, implementation and monitoring; global health engagement; health statistics; data analysis; health education; and disease surveillance.

Want to know what the common public health issues are in your community? We can do a community health assessment to develop programs and policies aimed at improving the health of your community.

Having trouble increasing your HEDIS measures? PHNs can analyze data sets and determine strategy to improve compliance and outcomes.

Need to tackle a tough health problem identified in your population? PHNs are adept at forming and sustaining relationships within the community to work together to make positive change. We are indeed a small and mighty specialty having big impact on Navy communities across the globe!

If you have any questions or concerns regarding the Public Health Nursing specialty, please [visit our milSuite](#) page or contact me directly via email.~



Manpower: Speaking the Universal Language



Kathy Cook, CDR, NC
NMC Portsmouth

The operational link for non-clinical specialties is not always intuitive. How are those who do not deploy in their specialty relevant to an operational Nurse Corps and Navy Medicine?

Defining requirements is the bedrock of Manpower Analysis. Requirements are the universal language in the Department of Defense, and as such, our Line counterparts understand it. Requirements run the show, and therefore, the dollars. If we in Navy Medicine cannot clearly identify readiness and training requirements, we cannot justify uniformed billets. Additionally, we need to articulate the necessity of the civilian and contractor billets that support the mission.


As we redefine our true operational requirement, the Manpower Analyst is the key. Every community must justify their relevancy to not only their service, but to the Joint environment, too. Because medical's training and sustainment requirements are based in the Military

Treatment Facilities (MTF), the Defense Health Agency was formed to realize cost-savings in shared responsibilities and assets. However, medical also has operational requirements mapped through our MTFs, which are unique to the Navy. Unlike our sister services, the bulk of our medical personnel assets are not directly tied to or embedded in our Line units. In fact, very little of our medical is directly attached to an operational unit. As such, it is harder to quantify the requirement based on the number of deployable operational units. Manpower Analysts not only identify and quantify those unique requirements, but they clearly articulate these requirements to the Line.

It is through clearly stated manpower requirements that materiel requirements are formulated. In order to properly build the infrastructure to support operational and training needs,

you must know the number of each medical specialty. When Manpower Analysts apply their skillset to Fleet exercises, they further clarify future materiel requirements for ships, air, and ground. Their expertise supports operational readiness and medical needs in and out of theater.

Nurse Corps Manpower Analysts are resourceful and effective translators who support Navy Medicine. NC Manpower Analysts, with their clinical background and nuanced understanding of medical movement, are invaluable. The clinical foundation on which they stand provides them a perspective their non-clinical counterparts do not have. Having the clinical foundation coupled with the business acumen uniquely prepares NC Manpower Analysts to defend all medical requirements: uniformed, contract, and civilian.~




GRADUATE SCHOOL OF BUSINESS & PUBLIC POLICY

The Identification and Mitigation of Gender Bias in the U.S. Navy

LCDR Brandon Wolf, USN, NC
MAJ Luke Siwek, AUS Army

Advisor: Prof. Jeremy Arkes
Prof. Tom Ahn



CONCLUSION

Research questions

- Does gender bias exist within the U.S. military? Yes
 - Both our Survey and SOF analysis indicate gender bias
- Does student gender demonstrate a bias towards instructor gender? Yes
 - Both our Survey and SOF analysis indicate favor towards matched gender pairs
- If gender bias does exist, how prevalent is it?
 - Survey results did not yield statistically significant results
 - SOF analysis yields a marginal impact of gender bias

Limitations

- Very specific population
- Survey sample size
- SOF analysis unfolds military students' evaluations of civilian instructors



GRADUATE SCHOOL OF BUSINESS & PUBLIC POLICY
NAVAL POSTGRADUATE SCHOOL

MANPOWER SYSTEMS ANALYSIS

Thesis Day



Congratulations to one of our newest Manpower Analysts, Lcdr Brandon Wolf, NC! His thesis was chosen to be presented at Thesis Day at Naval Postgraduate School in Monterey CA.

Trauma-Informed, Patient-Centered, Gender-Inclusive Medical-Forensic Care



Alana Huber, CDR, NC

Medical-Forensic Program Director



For the first time ever, the Navy Medicine Sexual Assault Prevention and Response (SAPR) leadership team is composed entirely of Navy nurses with specialized Medical-Forensic backgrounds, allowing the Navy to align with successful civilian models. The newly established Navy Medicine SAPR office provides the unique opportunity to serve as a single source resource to the Navy Surgeon General, Fleet Forces, and Marine Corps on the medical-forensic management of sexual assault and the SAPR program.

As the Medical-Forensic Program Director, I have been fortunate to work alongside a team of regional experts on the Sexual Assault Forensic Exam (SAFE). **CDR Jerri Gray**, a DNP in Forensic Nursing, serves as the Navy Medicine West SAPR Officer, along with **CDR Michelle French** providing her

vast SAFE experience as its Regional Training Officer. **CDR Melissa Kennedy**, who holds an MS in Forensic Nursing, oversees Navy Medicine East as their SAPR Officer, along with **LCDR Ada Dee**, the Navy Medicine East Regional Training Officer, who is a skilled resource in SAMFE competencies and continuing education.

A brand new billet for Navy Medicine is the Navy lead SAMFE Instructor held by **LT Victoria Holzapfel**. The demanding position of training our SAMFE providers requires the expert SAFE clinical acumen that LT Holzapfel has certainly delivered.

“In the immediate aftermath of a sexual assault, our patients deserve effective, compassionate, medical-forensic care. The response of health care professionals in these situations demands sensitivity and expertise.”

The 80-hour inter-Service SAMFE training located at Joint Base San Antonio, Fort Sam Houston, is required for all healthcare providers performing the SAFE in DoD MTFs and on fleet platforms. This multi-disciplinary effort was established to provide access to high-quality, comprehensive care

regardless of location or operational status.

Two of our own recently represented Navy Medicine this year at the International Conference on Forensic Nursing Science and Practice in Toronto, Canada. **CDR Michelle French** and **CDR (Ret.) Tanya Sinclair’s** presentation was entitled, “The National Tele-Nursing Center: Transforming Care for Sexual Assault Patients, Providers and Communities”. Their presentation educated other professionals on how tele-nursing can improve forensic exams, provide support to clinicians, and affect positive community change.

Our Navy Medicine SAMFEs ensure that medical-forensic examinations prioritize medical care over forensic evidence collection at any point along the continuum where health care and the legal system intersect. They are specifically trained in court room testimony and are a valuable resource to the judicial process. It is Navy Medicine’s goal that our role in providing medical-forensic services occurs at the hands of our most competent and capable providers informed to the current standards of practice and state of the science. We owe this to our patients and continuously strive to create a path towards healing and quality patient outcomes.~

TORONTO, Canada. 14 October 2017 (left to right) LT Youela Arrington, LCDR Esther Colbert, RN Joy Hardt, RN Tanya Sinclair, CDR Alana Huber, CDR Melissa Kennedy, CDR Karen Follin, CDR Michelle French, LCDR Ada Dee.



Nurse Corps Supporting Diego Garcia

Kirra Tobias, LT, NC

NMC San Diego

“I’m sorry, LTJG Tobias, but at this time that billet isn’t open. How about being a flight nurse in Diego Garcia?” the detailer’s voice crackled through the ship’s phone. I thought that *this* was why I took the leap from civilian nursing to Navy nursing – for the opportunity to be a nurse and serve in ways that civilians couldn’t. So it became official – I had orders to be one of the two flight nurses at Branch Health Clinic (BHC) Diego Garcia, for 2015.

The training pipeline for a flight nurse is quite extensive, spanning four months, to include Survival Evasion Resistance Escape (SERE), water survival, flight nurse course, and hands-on training, all through the Air Force. In my humble opinion, the training was second to none!

While having been born and raised on the small island of St. Croix, USVI, arriving in Diego Garcia brought a whole new meaning to “small-island life”. There was the base, lots of crystal clear blue water, and... well... that was about it! But needless to say, the clinic was quaint and the atmosphere unique. I will be honest and say I wasn’t quite prepared for the first day, as I was handed the baton to be the Department Head of Clinical Services in addition to 18 collateral duties and rotating as the nurse on-call every other week. While I enjoyed the training a great deal, I found myself wishing I’d taken a DivO and DH course too! The harsh reality came when I learned that flight nurses don’t

fly presently due to the op-tempo. Instead, MedEvac’s are arranged through International SOS out of Singapore, who arrive on our flight line in their Leer jet with a doctor and nurse onboard to scoop up the patient and fly off into the sunset.

Picking up on the daily grind was fairly easy. Admin duties entailed overseeing clinical operations of the pharmacy, radiology, laboratory, and physical therapy, while tending to a long list of collaterals, to include the At Sea Rescue Coordinator, Antiterrorism Officer, Customer Relations Rep, and the list goes on! The BHC was the highest level of care on the island so when on-call, I responded to a variety of medical needs—everything from seizures to traumas to pyelonephritis. You name it, we saw it! If a patient truly had nursing requirements and/or a need to be MedEvac’d for further care, I would stay at the clinic around

the clock until an ISOS flight could be arranged. A “fast” MedEvac was about 14 hours while my longest

was 56...(and yes, this was while my counterpart was away so I was essentially the only nurse around for thousands of miles!)

Though still a “virgin flight nurse” to this very day, I wouldn’t trade in the experience of this for anything. It taught me how to “fly” by the seat of my pants and rely on my coworkers’ expertise to function as a team in one of the Navy’s most austere environments. I truly learned the meaning of what it is to be the jack of all trades and master of none!~



Rebekah Kopesky, LT, NC
BHC Diego Garcia

On March 22nd, 2018, BHC Diego Garcia participated in an island-wide Mass Casualty Drill in preparation for Reliant Gale 2018. Reliant Gale is an annual Region exercise that focuses on emergency preparedness, evacuation, personnel accountability, and consequence management/recovery operations from catastrophic natural disasters. BHC Diego Garcia is in the Chagos Archipelago Islands located seven degrees south of the equator and is one of two medical clinics that provide medical care to the installation’s AD, British Royal Navy, Royal Marine forces, and 1,200 government workers and contractors.



Due to the remoteness of NSF and the limitations of BHC Diego Garcia, treating three critical patients is considered a mass casualty. This drill allowed BHC to put knowledge into practice and provide a realistic understanding of the challenges they face due to the remote location of the clinic.

CDR Tran, Senior Medical Officer, and HM2 Williams assessing a patient with a femoral hemorrhage during the drill. (Photo taken by LT R. Kopesky/Released)

Nurse Corps News

Volume 12, Issue 2 ~ March/April 2018

Pulse Check: A Nurse Resident's Introduction to Operational Nursing

Nicolas Filio, ENS, NC

NMCS D, Cardiac Care Unit

Sheree Scott, LCDR, NC

S-1 OIC, 1st Med Battalion



Nurse Residents at Naval Medical Center San Diego (NMCS D) had the opportunity to spend the day with the staff of 1st Medical Battalion, Camp Pendleton, California. This opportunity provided a glimpse of what it is like for nurses operating “greenside” in support of the Marine Corps.

Each day started with an introduction to the roles and responsibilities of nurses assigned to 1st Medical Battalion, which included deployments, clinical sustainment, field exercises, and surgical company leadership. After the brief, the residents traveled to Combat Skills Training School for weapons familiarization. There, they trained on the firearm simulators and learned how the simulators contribute to operational readiness by preparing Medical Battalion personnel for weapons qualification with the Marine Corps course of fire.

During lunch, residents were able to speak with a few of the

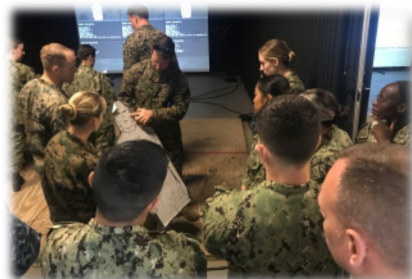


NMCS D Nurse Residents with 1st Medical Battalion Staff
(Photo by: LT Dana Flieger at Camp Pendleton, CA Feb 9, 2018/Released)

Nurse Corp Officers assigned to 1st Medical Battalion, which provided an opportunity to ask various career path questions and ascertain their reasons for choosing operational nursing. The afternoon consisted of a tour of the 1st Medical Battalion Battle Simulation Center, which has a mock casualty receiving room and field operating room. This highlighted the capabilities of Navy Medicine and how our healthcare team contributes to the continuum of care when forward deployed. While at the Simulation Center, Marines and corpsmen assigned to the battalion demonstrated the use of

their issued gear, medical bags, and body armor to help us understand how they prepare to go out in support of various operations and exercises.

As nurse residents coming from an inpatient ward at Naval Medical Center San Diego, the day at 1st Medical Battalion was a unique opportunity to interact with Marines and Sailors serving in an operational unit. Additionally, the visit accentuated the capabilities of a Medical Battalion and how Navy nurses contribute to and prepare for Navy Medicine's operational mission.~



Photos: (left) USMC weapons qualifications; (center) Battle Simulation Center Tour by CAPT W. Brunner; (right) Gear Familiarization from HM3 J. John. (Taken by: LT Erin Lyon at Camp Pendleton, CA Feb. 9, 2018/Released)



Shipboard Surgical Trauma Training (S2T2)

Brian Guzman, LCDR, NC

NH Camp Pendleton



Role II maritime units, such as Fleet Surgical Teams and Expeditionary Resuscitative Surgical Systems, now have the option of intensive hyper-realistic training: The Shipboard Surgical Trauma Training (S2T2) initiative. Sponsored and funded by Navy Fleet Forces, this training was recently elevated after the successful DoD JPC-1 Team Training Research Grant. A rigorous 5-day course, S2T2 is the brainchild of Navy surgeon CAPT Tuan Hoang, MD, FACS, Director Medical Readiness Division San Diego, and is held at Strategic Operations (STRAT-OPS) in Kearny Mesa, CA – an active working television studio. STRAT-OPS employs a robust staff of former military medical technicians, who ensure it is executed as accurately as possible. Often times, veterans with amputated extremities play the role of trauma victims while wearing combat injury moulage and a “cut-suit”. These patients then undergo resuscitation procedures (e.g. chest tube, IV, Crich, ER thoracotomy, massive blood transfusion, intubation, etc.) in the trauma

bay and then operated on (e.g. laparotomy, thoracotomy, vascular repair, temporary closure, etc.) by utilizing the cut-suit. After resuscitation and surgery, patients are then “packaged” and moved via an enroute care (ERC) team.

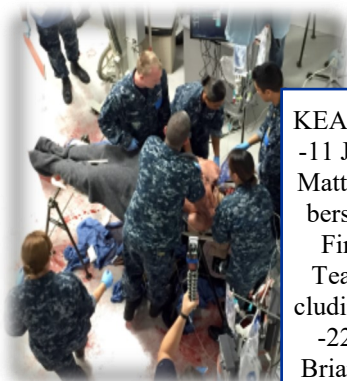
Throughout the course, healthcare providers receive didactic review on Role II expeditionary medicine and hands-on skill stations in the mornings, while receiving high-fidelity patient simulations in the afternoons. The main intent of S2T2 is not necessarily *teaching* providers how to perform surgery or resuscitation, but applies Role II environmental concepts in order to emphasize unit cohesion, while identifying baseline operational unit limitations. Subject matter experts such as surgeons, physicians, nurses, and Corpsmen from NMC San Diego, NH Camp Pendleton, FSTs, and civilian trauma centers provide instruction in support of this intense and immersive training.

S2T2 expands training skill sets, including ERC principles, to afloat environments emphasizing the 4 P’s of patient movement: Planning, Preparations, Packaging and Performing. **CDR Angelo Lucero** is the critical care nurse subject matter expert who teaches basic ERC – utilizing



previous operational experiences and implementing the Army and Air Force’s enroute care principles. He demonstrates proper “packaging” techniques by using shipboard specific equipment and applies them to ERC. The ERC team, routinely led by a critical care nurse, is then taken into a V-22 (Osprey) replica where in-flight medical emergencies are simulated.

In an interview with the Navy Times (Dec 2016), Navy Surgeon General stated, “The next conflict, especially for the Navy, may not be a ground war and we may not have the advantages we had in [Operations Iraqi and Enduring Freedom]” (np). Maritime conflicts may be a reality in the near future in light of current world events. The 97% survivability rate seen in OIF/OEF may decline if a war were to take place at sea, considering the significant challenges such as time and distance that occurs when MEDEVAC’ing patients from a Role II to a Role III combat support medical facility. Therefore, essential courses such as S2T2 are allowing operational Navy medical units to better prepare and support combatant commanders.~



KEARNY MESA, CA. (10-11 January 2018) Subject Matter Experts train members of Army, Navy, and Finnish Fleet Surgical Teams during S2T2, including enroute care in a V-22 replica. (Photos by Brian Guzman/Released).



Mountain Medicine Training Enhances Operational Readiness

Cassy Piela, LT, NC

**Student Registered Nurse
Anesthetist, USU**

Christopher Johnson, LT, NC

**Family Nurse Practitioner
Student, USU**



The Uniformed Services University (USU) Graduate School of Nursing has recently expanded opportunities to enhance operational readiness for its students, leading to certifications that demonstrate increased proficiency in austere medicine. We are **LT Cassy Piela** and **LT Christopher Johnson**, students in the Daniel K. Inouye nurse anesthesia and family nurse practitioner programs. Along with a small cohort of other active duty members, we are among the first doctoral nursing students to receive a Diploma in Mountain Medicine (DiMM) in addition to the advanced practice degrees we will be receiving from USU this May. The DiMM is an internationally recognized certification for medical and rescue profes-

sionals who desire additional training and education tailored towards caring for patients in the austere and mountain environments.

We each completed four weeklong sessions consisting of both didactic and practical application of mountain medicine and remote rescue tactics. Our personal knowledge of the physical, emotional, and environmental factors influencing the operational forces we care for were greatly enhanced during this training. After successfully completing evidence-based didactics in pathology, treatment, litter construction, and patient rescue we transitioned to more hands-on evolutions involving real life scenarios under controlled conditions. The hands-on courses expanded our training to include belaying, repelling, knots and rope systems, rock and ice climbing, patient lowering systems, and high-angle rescue. Alongside senior mentors **CAPT Justice Parrot** and **CDR Ken Wofford**, we completed a final winter team rescue evolution requiring appropriate medical and rescue supply preparation, ascent up snow covered mountains, patient triage and assessment, patient packaging, and litter evacuation back down the mountain via self-constructed rope systems. Instruction and application in ground navigation, helicopter evacuation, and avalanche rescue are also a part of the advanced courses to prepare



(15 January 2018) JERICHO, VT (From left to right): LT Christopher Johnson, CAPT Justice Parrott, LT Cassy Piela, CDR Ken Wofford—Avalanche Rescue Evolution (Photo Credit: Major Sheila Medina, USA)

healthcare teams in performing higher-level rescues. The controlled scenarios continued to build, pushing our personal levels of comfort and challenging our abilities to critically think through complex conditions to ensure our patients arrive safely. We gained a greater appreciation of our requirements as military healthcare providers and of the conditions warfighters face to bring patients back to expeditionary medical facilities and theater hospitals. We will enter operational platforms better prepared for the operational billets that entrust advanced practice nurses.~



(8-9 January 2018) JERICHO, VT (Left) LT Cassy Piela—High Angle Rescue Training (Right) LT Christopher Johnson, Ice Climbing Evolution. (Photos by Dr. Matthew Welder)



Naval Medical Center Portsmouth Receives River Star Awards

Jeremy T. Venske, LCDR, NC
NMC Portsmouth



On January 25, 2018, NMC Portsmouth (NMCP), received two River Star awards and the Inside Business River Star Hall of Fame award at the annual Elizabeth River Project River Star Awards Luncheon.

The Elizabeth River Project is a non-profit organization dedicated to encouraging community involvement in protecting and restoring the Elizabeth River. The awards recognize top volunteer performers who focus on pollu-



LCDR Jeremy Venske (2nd from right) stands with the Naval Medical Center Portsmouth Environmental Manager and members of Base Operations Medical Installations (BOMI) to receive the awards (Photo credit MC3 Joshua Tolbert).

tion prevention.

The Main Operating Room (OR) at NMCP has been active in its efforts to reduce surgical waste in the operating suite from reaching landfills. Since the initiation of the program in 2008, the OR has expanded to other

reclaiming efforts and has stood up a "Green Team." This team of volunteers, consisting of both Peri-Operative Nurses and Surgical Technicians, oversee the correct disposal of potential hospital waste while encouraging their peers to play an active part in environmental stewardship.

"I care about the future of this planet and our next generation. What was once going to get buried underground is now being reutilized for another purpose," explained HM2 Sutarto Soeng. Currently, the OR and PACU recycles used instruments and devices, blue wrap used for sterile storage plastic, paper curtains, corrugated cardboard, paper and white cardboard.

The Main OR has decreased the overall landfill contributions of over 8,000,000 pounds generated annually. Along with compounding waste disposal fees, the ongoing efforts of the Green Team will continue to save the taxpayer money while simultaneously decreasing the impact on the environment. HM3 Taylor Leidlein went further to say, "I'm fortunate to be with a team that wants to recycle the equipment we use on a daily basis and is motivated to do it."~



LT Allan Bullington (far left) and members of the Main OR "Green Team" pose with the articles of potential refuse before being sent for recycling and reutilization (Photo credit CDR Jeremy Kilday)

A Thank You from RDML Duerk!



I would like to send a big Thank You to all the Navy Nurses and Hospital Corpsmen who sent me birthday greetings!! My house is filled with hundreds of cards and pictures from Navy Medicine Commands all over the world! I am so honored and humbled at the outpouring of well wishes sent my way to celebrate my 98th birthday. Because of each of you, my birthday was one of the best ever! I hold a very special place in my heart for Navy Medicine and the Navy Nurse Corps. I am so very proud of the work you do day in and day out to care for our military family. Wishing you all the best!

Sincerely, RDML Alene Duerk, NC, USN (Ret)



Certifications

LT Lorna Chandler, NH Jacksonville, obtained her Obstetric Nursing Certification (RNC-OB).

LT Christopher Connell, NMC Portsmouth obtained his Adult Critical Care Certification (CCRN).

LT Brian Dunford, from NMC Portsmouth, obtained his CCRN while deployed with the Role III MMU in Kandahar.

LT Katelyn Foster, NMC San Diego, obtained her Medical-Surgical Certification.

LT Jonathon Fox, NMC Portsmouth, obtained his Critical Care Registered Nurse Certification.

LT Matthew Johnson, NMC San Diego, obtained his certification as a Pediatric Nurse (CPN).

LT Patrick McNally, EMF GL DET Q, Milwaukee WI, completed the American Organization of Nurse Executives (AONE) Nurse Manager Fellowship in October 2017, and obtained his Nurse Executive Board Certification (NE-BC).

LT Michael Shaw, EMF GL DET Z, Detroit MI, obtained his Critical Care Registered Nurse (CCRN) and Flight Registered Nurse (CFRN) certifications.

LTJG Taiquita Ardan, NMC Portsmouth, obtained her Critical Care Certification (CCRN).

LTJG Lauren Clark, NMC Portsmouth, obtained her Critical Care Certification (CCRN).

LTJG Ryan Gorell, NMC Portsmouth, obtained his Critical Care Certification (CCRN).

LTJG Jeffrey Henderson, NMC Portsmouth, obtained his Critical Care Certification (CCRN).

LTJG Kaitlyn Kelley, NMC San Diego, obtained her Pediatric Nurse Certification (CPN).

LTJG Lori Quinn, NMC Portsmouth, obtained her Adult Critical Care Certification (CCRN).

LTJG Kimberly Kron, NMC San Diego, obtained her certification as a Medical/Surgical Registered Nurse (CMSRN).

LTJG Chris Rhodes, EMF Camp Pendleton, is one of the recipients for the WMANNCA graduate nursing scholarships and is currently in his first year of the PhD program at Johns Hopkins School of Nursing.

LTJG Evan Rutherford, NMC Portsmouth, obtained his Progressive Care Certification (PCCN).

LTJG Casey Shalkowski, of NMC San Diego, obtained her certification as a Critical Care Registered Nurse (CCRN) while deployed with the Role III MMU in Kandahar.

LTJG Marisa St Clair, NMC Portsmouth, obtained her Critical Care Certification (CCRN).

LTJG Ashley Thoits, NMC San Diego, obtained her Pediatric Nurse Certification (CPN).

LTJG Alexis Tynes, NMC Portsmouth, obtained her Progressive Care Certification (PCCN).

LTJG Ira Wilkie, NH Camp Pendleton, obtained the Certification for Low Risk Neonatal Nursing (RNC-LRN).

LTJG Lakesha Williams, NMC Portsmouth, obtained her Progressive Care Certification (PCCN).

ENS Kendra Mikatarian, NMC Portsmouth, obtained her Pediatric Nurse Certification (CPN).

ENS Jenna Misuraca, NMC San Diego, obtained her Certification as a Pediatric Nurse (CPN).

RN Megan McNielly, NMC San Diego, obtained her Pediatric Nurse Certification (CPN).

RN Jeanette Sosnowski-Lee, NMC San Diego, obtained her Pediatric Nurse Certification.



Bravo Zulu!



Education

CAPT Cathy Lovelace, EMF GL DET HQ, Great Lakes IL, completed her DNP through Grand Canyon University.

CDR Tabitha Eden, EMF GL DET HQ, Great Lakes IL, completed her Master's in Education.

LCDR Cari Hodgson, EMF GL DET K, Rock Island, IL, completed his DNP with Acute Care Pediatric Nurse Practitioner concentration from the University of Illinois-Chicago.

LCDR Rachel Prater, EMF GL DET J, Battle Creek, MI, NC, graduated from American Sentinel University with a Master of Science in Nursing, with a subspecialty in Management and Organizational Leadership.

LT Ashley M. Flynn, NMC San Diego, completed her MSN in Nursing Leadership and Management from George Washington University. She is currently deployed with the USNS MERCY (T-AH 19) as part of the Pacific Partnership Mission.

LCDR Jennifer Robb, EMF GL DET B, Cincinnati OH, completed the Adult -Gerontology Primary Care Nurse Practitioner program at Purdue University West Lafayette, IN.

LT Justin Fulkerson, EMF GL DET H, Minneapolis MN, completed his DNP through US Army Graduate Program in Anesthesia Nursing at Northeastern University.

LT Amy Green, EMF GL DET V, Peoria IL, completed a Master's in Education.

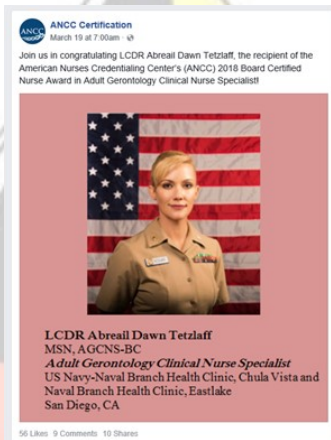
LT Jeni Grundy, EMF GL DET R, Indianapolis IN, graduated from Indiana University School of Nursing, with a Master of Science in Nursing in Adult Gerontology Primary Care Nurse Practitioner.

LTJG Demetrius Pruitt, NH Jacksonville, completed his MSN-Family Nurse Practitioner from Chamberlain University. Additionally, he obtained his board certification as a FNP-C from the American Academy of Nurse Practitioners.



Recognition

Congratulations to **LCDR Abreail Dawn Tetzlaff**, the recipient of the American Nurses Credentialing Center's (ANCC) 2018 Board Certified Nurse Award in Adult Gerontology Clinical Nurse Specialist! Lcdr Tetzlaff works at NBHC Chula Vista and NBHC Eastlake, San Diego, Ca.



LCDR Donna Meador, EMF GLAKES ONE DET A, Akron OH, selected as AOIC for EMU #4 TIER ONE.

LCDR Brian Biggie, EMF GLAKES ONE DET U, Toledo OH, selected as AOIC for EMU #5 TIER ONE



LT Keith A. West, NH Yokosuka, was awarded the American Nurses Credentialing Center's (ANCC) Board Certified Nurse Award in Ambulatory Care Nursing. You can congratulate him on the [ANCC Certification site on Facebook](#).

Expeditionary Medical Unit (EMU) Kandahar, Romeo Detachment, completed training (01—10 March 2018) at Naval Expeditionary Training Institute (NEMTI), MCB Camp Pendleton.

